

## Appendix E

<b>Program Staff List</b>						
<b>New Hampshire Department of Health and Human Services</b>						
<b>COMPLETE ONE PROGRAM STAFF LIST FOR EACH STATE FISCAL YEAR</b>						
<b>Proposal Agency Name:</b> _____						
<b>Program:</b> _____						
<b>Budget Period:</b> _____						
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>E</b>	<b>F</b>
<b>Position Title</b>	<b>Current Individual in Position</b>	<b>Projected Hrly Rate as of 1st Day of Budget Period</b>	<b>Hours per Week</b>	<b>Amnt Funded by this program for Budget Period</b>	<b>Amnt Funded by other sources for Budget Period</b>	<b>Site*</b>
Example:						
Program Coordinator	Sandra Smith	\$21.00	40	\$43,680	\$43,680	
Administrative Salaries						
Total Admin. Salaries				\$0	\$0	
Direct Service Salaries						
Total Direct Salaries				\$0	\$0	
Total Salaries by Program				\$0.00	\$0.00	
<b>Please note, any forms downloaded from the DHHS website will NOT calculate. Forms will be sent electronically via e-mail to all programs submitting a Letter of Intent by the due date.</b>						
<b>*Please list which site(s) each staff member works at, if your agency has multiple sites.</b>						